

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 02, 2008 08:00 AM  
Secretary of State

DOCUMENT # L05000019890

1. Entity Name  
HEARING CARE CLINICS, LLC



Principal Place of Business  
13803 W. HILLSBOROUGH AVENUE  
TAMPA, FL 33635

Mailing Address  
13803 W. HILLSBOROUGH AVENUE  
TAMPA, FL 33635



04242008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2413857

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, JAMES A  
1302 W. SLIGH AVENUE  
TAMPA, FL 33604

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE D  
NAME OTTAVIANO, CHARLES T  
STREET ADDRESS 13803 W. HILLSBOROUGH AVE  
CITY-ST-ZIP TAMPA, FL 33635

TITLE D  
NAME OTTAVIANO, STEVEN J  
STREET ADDRESS 13803 W. HILLSBOROUGH AVE  
CITY-ST-ZIP TAMPA, FL 33635

TITLE MGRM  
NAME RAV INTERNATIONAL, LLC  
STREET ADDRESS 1805 W. LOUISIANA AVE  
CITY-ST-ZIP TAMPA, FL 33603

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000942885  
05/23/08-80035-022 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]* *John Sclano* 4-28-08 813495 3876